



APPLICATION FOR RIGHT-OF-WAY PERMIT

CITY OF ALEXANDRIA, VIRGINIA
TRANSPORTATION & ENVIRONMENTAL SERVICES
301 KING STREET, ROOM 4130
ALEXANDRIA, VA 22314
703-746-4035 (office); 703-838-6438 (fax)
alexandriava.gov

Job Address: _____
Contractor: _____
Mailing Address: _____
Applicant Name: _____ Email: _____
Office Telephone Number: _____ Cell #: _____

Utility Company: _____
Mailing Address: _____
Utility Company Contact Person: _____ Telephone #: _____
Field Supervisor/Foreman: _____
Cell #: _____ Email: _____

Description of Work: _____

Proposed Use of Right-of-Way (Please Select All That Apply):

- | | |
|---|---|
| <input type="checkbox"/> Lane Closure (# of Parking Spaces _____) | <input type="checkbox"/> Road Closure (# of Parking Spaces _____) |
| <input type="checkbox"/> Close Sidewalk | <input type="checkbox"/> Curb Crossing (Minor or Major) |
| <input type="checkbox"/> Partial Sidewalk Closure | <input type="checkbox"/> Ladder/Scaffolding |
| <input type="checkbox"/> Crane/Manlift (# of Parking Spaces _____) | <input type="checkbox"/> Ingress/Egress |
| <input type="checkbox"/> Temporary Fencing | <input type="checkbox"/> Stock Pile (# of Parking Spaces _____) |
| <input type="checkbox"/> Trailer (# of Parking Spaces _____) | <input type="checkbox"/> Solicitation of Funds |
| <input type="checkbox"/> Dumpster/POD** (# of Parking Spaces _____) | <input type="checkbox"/> Other _____ |

** Container Supplied By: _____

Begin Date: _____ End Date: _____
Requested Work Hours: _____

Applicant Must Provide:

- ☐ Sketch showing work area.
☐ Maintenance of traffic (MOT) plan. The MOT must be in compliance with the current version of the Virginia Work Area Protection Manual.

ALL DRAWINGS MUST BE A MINIMUM SIZE OF 8-1/2" x 11" AND MUST BE LEGIBLE, AND CONTAIN ALL REQUIRED INFORMATION. THREE (3) COPIES OF EACH DRAWING IS REQUIRED.

THE APPLICANT IS SOLELY RESPONSIBLE TO ADHERE TO ALL CONDITIONS ASSOCIATED WITH THIS PERMIT.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit Number: _____ Previous Permit Number: _____
General Liability Insurance Expiration Date: _____
Approved: _____ Denied: _____
Comments: _____

